

**Asthma Individual Health Care Plan**

School to Insert photo

Pupil's name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact No 1 \_\_\_\_\_ Emergency Contact No 2 \_\_\_\_\_

Relationship to pupil \_\_\_\_\_ Relationship to pupil \_\_\_\_\_

Tel No Home \_\_\_\_\_ Tel No Home \_\_\_\_\_

Mobile \_\_\_\_\_ Mobile \_\_\_\_\_

Age when Asthma diagnosed \_\_\_\_\_

Asthma Triggers \_\_\_\_\_

What signs can indicate that your child is having an asthma attack?

**Reliever treatment when needed:** For wheeze, cough, shortness of breath or sudden chest tightness, give or allow my child to take the medicines below.

Medication	Dose

After treatment and as soon as they feel better they can return to normal activity.

In the absence of my child's personal inhaler and to treat the above symptoms, or in an emergency, I consent for my child to be given Salbutamol (Ventolin) from the school's emergency inhaler.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Does your child take any other medicines/inhalers to control their asthma?

Medicine	Dose	When taken

**Please provide any further information regarding your child's asthma eg**

How well is your child's asthma controlled? Has your child ever been admitted into hospital with asthma? How often does your child use their reliever inhaler? Does your child need to use their inhaler before/during PE?

If you would like your child to keep a spare inhaler in the medical centre in the event of their own being forgotten/lost/broken, please send one in and complete the relevant consent form.

**Planning for school trips**

I understand it will be necessary for me to liaise with the College trip leader and to ensure my child takes any medication they may need with them.

**Shared Information**

I consent to information in this form being shared with College staff, trip personnel and in an emergency situation other health professionals.

I agree to keep medical staff at Princethorpe College up to date with my child's condition and inform them of any changes. At the very least the information on this form will be reviewed annually.

Parental signature \_\_\_\_\_

Name \_\_\_\_\_ (please print)

Date \_\_\_\_\_

Medical Staff signature \_\_\_\_\_

Name \_\_\_\_\_ (please print)

Date \_\_\_\_\_